'If I can walk *that* far': space and embodiment in stories of illness and recovery

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Abstract:	Illness and recovery transform embodied experience, and transform the experience of space. Space, in turn, is a valuable resource in the telling of an illness narrative. Starting from a phenomenological perspective that takes the body to be the centre of experience, and hence of selfhood and storytelling, this paper offers an argument for and an approach to analysing space as a narrative resource in stories about illness and recovery. Using a case study of one woman's stories about her amputation, it demonstrates how both narrated space and narrating space can be used as devices to structure the narrative and position its characters and interlocutors to construct the narrator's embodied experiences and identities. The paper reveals intersections between embodied experience, space, and narrative identity construction, offering a new way of attending to illness narratives and a new way of engaging with narrative space.

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Introduction

Since the illness narrative first emerged as a significant topic in medical sociology, there has been a growing focus on the body as the centre of experience and of storytelling; meanwhile, recent narrative analysis has explored the role of space in the structure and performance of spoken narratives. Yet there has been limited focus on the relationships between these areas. This paper reveals an intersection between embodied experience, space, and narrative identity construction in the context of stories about illness and recovery. I argue that, because the self is always embodied and hence always spatially located, and because storytelling is an embodied practice, space is a valuable lens for analysing personal experience narratives. This is particularly so when we address illness narratives, which are told both through and about the body (Frank 1995). The relevance of space to illness has been previously recognised by sociologists like Mol (2002: 54), who shows how 'spatial specification' affects understandings of disease, and Bell (2009), who shows how the bodies of 'DES daughters'

connect to and create sites of power and knowledge, creations and connections that are affected by the women's locations in space and time. However, there has so far been no close analysis which takes as its central focus the ways in which space operates within individuals' illness narratives.

In this paper, I argue for the socio-symbolic relevance of space to the experience of illness, and present a case for the close analysis of space as a narrative resource to construct the experiences, identities, and embodied processes associated with illness and recovery. The paper demonstrates how, to analyse the function of space in illness narratives, it is necessary to 'shrink down' the narrative concept of spatialization, that is, space as socio-symbolic (De Fina 2009), so that the material body is kept in focus. Rather than focussing on the conceptual meanings of 'big moves' between distant spaces, the analysis addresses the narrative presentation and performance of the *embodied* experiences of spaces: how the body affects the experience of space, and how particular spaces – their physical terrains and symbolic meanings, and the presence and actions of others within them – affect the experience of the body. The paper offers a practical approach to such analysis, suggesting that space be addressed as (1) a structuring device and (2) a positioning device. In order to fully address both uses of space, we must address both *narrated* and *narrating* space, that is, the narrator's depictions of the spaces in which the narrated events occur, their engagement with the immediate, shared space in which the story is told, and the relationships between the two.

Space, time, and the body in illness narratives

The centrality of space to the illness narrative is due, in part, to the body's place as the centre of experience. Our embodiment dictates that we are always located in space, as opposed to existing in some ethereal, dispersed state. In turn, our perspective *of* that space is always

embodied: we experience the world from where we are. To paraphrase Merleau-Ponty (2002: 115), our bodies are our first co-ordinates. Other spaces are perceived and made meaningful in relation to that embodied 'here' (Grosz 1994).

When illness disrupts embodied experience, it also disrupts the experience of space. Frailty, pain, and emotional exhaustion limit movement and restrict our access to space, while chronic illness can incur habitual shuttling between certain spaces: home to hospital and back again. Others can impose spatial restrictions too, via quarantine and social isolation stemming from the fear of transmission or social contagion (see Lupton 1995). In recovery, such patterns and restrictions might be broken. The pertinence of space to the experience of illness – and recovery – is captured in the language used to describe it: from old-fashioned bywords of serious illness, such as 'shut-in' and 'housebound', to more contemporary language use that conceptualises illness and recovery in terms of space and movement, within and between what Sontag called 'the kingdom of the well and the kingdom of the sick' (1978: 3). Cancer, for instance, is often spoken of using the metaphor of a 'journey' (Semino *et al.* 2015), and illness experiences more broadly may be conceptualised as a 'quest' (Frank 1995). Space is prominent in our embodied experiences of illness, and our representations of it.

Since at least the 1980s, clinicians and sociologists alike have discussed the prevalence of narrative in representing illness experiences; as Frank famously put it, 'illness calls for stories' (1995: 54). Such stories seek to make sense of the disruptions caused by illness, offering – to use another spatial metaphor of Frank's – a 'new map' for navigating new circumstances (*ibid*: 1). The body is central to these stories, provoking them, articulating them, and even limiting them by 'cutting off' narrative possibilities (see Smith and Sparkes 2008). Yet, while stories are embodied, they are not a direct or objective reflection of the

narrator's embodied experience; rather, they (re)construct it by drawing on various narrative resources (Heavey 2015). Space is one such resource, but despite the perspectival centrality of space to the embodied experience of illness, it is narrators' use of time that has tended to be the focus when illness narratives are addressed.

Near the beginning of the 'narrative turn' in medical sociology, Williams (1984: 197) showed how in answering the question 'Why do you think you got arthritis?' participants told stories that reconstructed their lives in terms of their diagnosis, 'by linking up and interpreting different aspects of biography in order to realign present and past'. Analyses of illness narratives have often taken as their focus the narrator's temporal organisation and interpretation of experience, in particular the presentation of coherence and continuity or disruption and change between past, present, and imagined future (e.g. Bülow and Hydén 2003, Bury 1982, Charmaz 1991, Seymour 2002, Sparkes and Smith 2003). Riessman's (2015: 1057) recent autoethnographic exploration of time, illness, and identity reminds us that these categories – past, present, and future – are not 'natural phenomena', but narrative resources that are 'useful for assembling fragments of experience into a coherent and organised plot' to answer illness' call for stories. By recognising and examining how such resources are used, the analyst can explore how illness and altered embodiment are experienced in time and (re)constructed in narrative.

It is my argument that narrators of illness stories also draw on narrated space and spatial categories (at a basic level, the categories 'here' and 'there') to organise their experiences and construct their identities. Indeed, because face-to-face storytelling 'requires bodily participation: hearing and voicing, gesturing, seeing and being seen' (Langellier and Peterson 2004: 8), the narrating space in which that participation occurs – the 'here' of the telling –

also has the potential to be exploited as a narrative resource. Of course, space and time are bound up in one another, including in storytelling (see Baynham 2015), and often referred to as the singular measure 'space-time'. In attempting to redress the previous neglect of space relative to time in the analysis of illness narratives, this paper focuses on space at the expense of time; however, I draw attention to their symbiotic relationship throughout the analysis. Before outlining my analytic framework, I will briefly discuss some of the ways in which space has been addressed in narrative inquiry outside the context of illness.

Space as a narrative resource: Plot, positioning, and identity

The last 15 years have seen a growing interest among narrative scholars in the use of space as a resource for meaning-making. These studies have tended to deal with narratives about large scale moves such as migration, displacement, and intercountry adoption (e.g. Baynham 2009, Baynham and De Fina 2005, De Fina 2009, Lindgren and Nelson 2013), although some have shown the symbolic role of more localised spaces including social 'hangouts' (Georgakopoulou 2003) and residential areas (Taylor 2010). Baynham summarises such work as seeking to challenge the idea that narrated spaces offer merely 'a kind of backdrop or stage-setting for the action' (2015: 120). Rather, space can be constitutive of narrative structure and central to the narrator's engagement with an audience, with implications for narrative identity construction.

Movement between spaces can structure a narrative's plot and organise its action, most noticeably in stories of large moves like migration, in which 'points in space, and actions defined by movement, constitute the backbone of the narrative' (De Fina 2003: 385). For example, Baynham (2003) shows how migration narratives can be structured around the perceived contrasts between spaces, and in turn construct contrasting identities. In one such

narrative, the father of a young Muslim man (ML) rebukes him over his plan to move from Morocco to Europe: 'You no Muslim… you maybe kaffar'. Baynham surmises that 'to move […] out of Muslim space into the space of the unbelievers risks the creation of an identity shift for ML from Muslim to unbeliever' (2003: 354). On a smaller scale, Taylor (2010) shows how women who have moved home within the UK structure their narratives – and construct their identities – in terms of the disruption or opportunity such moves create.

The narration of particular spaces can also position a narrator in relation to audiences and co-narrators. Gómez-Estern (2013) shows how a group of Andalusian migrants living in Denmark perform stories together in ways that contrast the 'here' of Denmark with the 'there' of home. Shared knowledge of Andalusian spaces and their socio-symbolic meanings enables collective participation in what Taylor (2010) calls a 'born and bred' narrative, constructing a narrator's connection to a place even when they no longer live there. In this way, narrated space can offer a point of connection between storytellers and audiences, and even facilitate the construction of a collective identity. Narrators and interlocutors can also *negotiate* the social meanings of spaces they both know to construct individual and collective identities, as Georgakopoulou (2003) demonstrates in relation to social hangouts in the stories of young Greeks. Conversely, Baynham (2009) shows how, if there is no shared knowledge of a narrated space, detailed descriptions of it can make the narrative more vivid, involving, or believable for the audience, including through relating the then-and-there for which the audience was not present to the here-and-now of the telling.

A framework for addressing space in illness narratives

The data analysed here comes from a study of surgery narratives, in which ethnographic interviews lasting between one and three hours were conducted with people who had

undergone either a mastectomy or a lower-limb amputation. Participants were encouraged to talk about any experiences that they considered relevant to their surgery, and interviews were video-recorded with permission. Space was not a focus of the interviews or an anticipated focus of analysis, but emerged as an essential narrative resource when participants' narratives were analysed in terms of their 'body biographies'. Body biographies are the overarching stories one tells about one's body that make sense of that body *as a story*, for example in terms of change or continuity over time (see Heavey 2017). In common with the migration chronicles analysed by De Fina, body biographies are composed of multiple narratives that, taken together, 'give an account of how a certain state of affairs was brought about' (De Fina 2003: 98).

In their body biographies, participants selectively narrated events that they saw as contributing to the need for surgery (c.f. Williams 1984), events in the days and years post-surgery, and even the events of surgery itself. While these stories are most obviously structured in temporal terms, space was a crucial – and complementary – structuring device. The narration of particular locations and movements provided a framework for narrative plots, orienting important events and turning points, and organising the action of individual episodes (c.f. De Fina 2003). This spatial structuring constructs embodied experiences and identities *within* individual narratives, and *across* narratives as they make up a body biography.

Space also had an important positioning function. In his discussion of narrative positioning, Bamberg (1997: 337) uses the term metaphorically, to refer to the relationships between narrated characters as, for example, 'protagonists and antagonists or as perpetrators and victims'. I suggest that characters' physical positions, their relative locations and movements in narrated space, can contribute to the construction of such metaphorical positions and

relationships. Narrated spaces can also be used to position the narrator in relation to the audience, relying on shared knowledge or understanding of those spaces. Where shared knowledge is lacking, the narrator can exploit the narrating space to relate it to narrated spaces, including through non-verbal behaviour (see Baynham 2009). In this way, the narrator's (embodied) experiences of certain spaces can be related to the audience's (embodied) experience of the storytelling.

The analysis presented here demonstrates the operations of space as both a structural and a positioning device in three of the illness narratives that comprised one woman's body biography, chosen as an illustrative case. I will show how illness narratives, like migration narratives, 'invest material space coordinates with social meanings' (De Fina 2009: 111) and with *embodied* meanings, so that space is a resource to represent and construct experience, identity, and embodiment. The analysis will address uses of both narrated space (that is, the spaces depicted in the stories told) and narrating space (that is, the shared space in which storytelling took place).

Claire's story

Claire was sixty years old when I interviewed her in the cosy living room of her friend's home, in the English town where they both lived. As we spoke, she sat in a large wingback armchair, embroidered with white flowers, while I sat opposite her on a floral upholstered sofa. Her friend and both women's husbands sat in an adjoining room behind Claire, and occasionally she gestured backwards when she mentioned one of the party. Claire had had her leg amputated above the knee five years before the interview took place. A forthright and engaging woman, Claire told dozens of stories over the course of the interview, many of them long and highly descriptive. I am not an amputee, and her vivid storytelling reconstructed

experiences of which I have no embodied knowledge.

Before her amputation, Claire had suffered from a debilitating diabetic ulcer for 20 years; she spoke at length about the 'excruciating pain' it caused and the embarrassment she felt about the leg that 'leaked' pus. She told of the many failed non-surgical interventions she had endured, and how she had pleaded for an amputation, only to be repeatedly dismissed by doctors who insisted that 'there *might* be a drug or there *might* be a cream that just *heals* it.' She refused to be dismissed, making appointment after appointment until her request for an amputation was finally met. Throughout the interview, Claire was clear that the amputation had been the right choice, hard-won, and she repeatedly referred to having 'got her life back'. She described the many ways in which her life had improved since the surgery, including the various activities she could now take part in, sometimes wearing her prosthetic limb and sometimes not.

In order to address Claire's engagement with the narrating space, certain gestures have been transcribed. In the transcripts, non-verbal gestures are in italics and square brackets, and the words spoken (or pauses made) simultaneously with those gestures are underlined. Given the constraints of space in this paper, the gestures transcribed are confined to those that broke Claire's usual pattern of gesturing; therefore, the frequent tenting of her fingers and opening out of both hands which accompanied almost all of her speech are not transcribed. The video camera was set up to face Claire, as the size and arrangement of the room would not enable it to capture both of us. Therefore, while my speech is transcribed, my gestures are not. In addition to transcribing my verbal contributions during Claire's narratives, I have noted previous speech that contributes to the context in which Claire told those narratives.

The chair: The immobile body and the making of an illness identity

The disabling effects of Claire's ulcer meant long periods of confinement to her home. Sometimes, a new treatment would result in a period of remission, which meant trips out, even abroad; however, the ulcer always returned, and with it, Claire's confinement. The following story was part of a longer response to my question, 'Do you think [the doctors] would've eventually suggested [the amputation] if *you* hadn't suggested it first?' Claire did not think so; she explained that various doctors had refused her request, insisting that there might be another cure for the ulcer, before telling the following story:

> [My husband] says, *[gestures over shoulder]* if you'd have carried on for another eighteen months, you wouldn't have been here, the way you was going down. Because, I wouldn't go *out. [touches index finger in 'listing' motion]* (1) I was just (.) losing *weight*. *[repeats gesture]* (1) Um (1) all I did was sit in a chair and *sleep*. *[gestures over left shoulder]* I'd get up in the morning, go to sleep in the chair. *[gestures to left]* (1) My neighbour'd come in, *[slight gesture towards self]* give me some lunch, I'd go to sleep. My grandchildren, when the school holidays'd come, they used to nannysit. So they- they'd give me my breakfast and my lunch. 'Do you need to go to the toilet?' And they'd say, come on nanny, we'll take you *[gestures to right with both hands in loose gripping gesture]* to the toilet. So that was the quality of life.

Within her longer response to my question, the narrative justifies the need for the amputation despite the doctors' reluctance, by constructing her illness experience as a threat her identity and to her life itself. The narrative is structured by cyclical time, an autobiographical form

that emphasises repetitive routines in the teller's life (Brockmeier 2000). Inextricably, it is structured by restricted space, as the cycle of repetitive actions mainly revolve around Claire's chair, and never move beyond the space of her home. She gets up, sits in the chair, is brought lunch in the chair, and sleeps in the chair. The spatial and temporal structures are interdependent, in that confinement to a particular space limits the actions Claire can perform, and performance of a limited set of domestic actions offers no cause to leave that space. Whether because of its physical or emotional effects on her, the ulcer anchors Claire to her home, limiting the activities in which she can participate and hence limiting the narratives she can tell (c.f. Smith and Sparkes 2008). Indeed, the narrative specifically negates the possibility of action beyond this space; as Claire begins to list the reasons behind her husband's grim prediction, she explicitly specifies that she 'wouldn't go *out*' (l.3). This 'locking in' of the narrative action is in contrast to migration narratives, whose structure 'follows' characters' movement from one space to another so that 'mobility in space effectively is the story' (Baynham 2015: 99). In the chair narrative, *immobility* or very limited mobility in space is the story, and the structure of cyclical events in restricted space constructs a life – and an identity – limited by Claire's illness.

The construction of this illness identity is compounded by Claire's positioning as passive in relation to the other characters, produced through verbal and non-verbal spatial referents. Spatial referents track the movement of objects in space from the deictic centre of the narrator's perspective, providing 'not merely descriptive backdrop but information needed to interpret an action structure' (Herman 2001: 526). While Claire does not actively 'go' to places beyond the home (a verb which would imply active movement away from a central point in space), other characters do *come in* to the narrated space she occupies (l.6, 7-8). The directionality of both verbs, and the simultaneous gesture towards herself to illustrate 'come',

produce Claire as the deictic centre of the narrative. However, they also construct her as passive in relation to her grandchildren and the neighbour: a mostly stationary object around and towards which these other characters move. Claire's only movements in the story are very localised, and implied rather than explicitly narrated: from the bedroom to the chair (l.5-6) and from the chair to the toilet (l.10-11).

The latter movement is made with the assistance of her grandchildren, and the positioning of these characters constructs a particularly poignant threat to Claire's identity. The word 'nannysit', an ironic corruption of 'babysit', connotes the inversion of Claire and her grandchildren's family roles, as her confinement to one place means she is no longer able to look after them, and instead they must look after her. Taking her to the toilet is an example of this dynamic, and Claire's simultaneous gesture (l.10-11), which is reminiscent of a person being led or even an object being carried, compounds the passive positioning, suggesting that she is 'in their hands'. More broadly, Claire's confinement positions her as 'cared for', whether by her grandchildren or the neighbour, producing her identity as an invalid and obliterating other potential identities: nanny to her grandchildren, or friend and host to her visiting neighbour. There are echoes of the agoraphobia narratives analysed by Capps and Ochs (1997); the narrator's inability to travel is an important component of the passivity to her illness she constructs.

Claire's storytelling brings the effects – and the possible effects – of the ulcer into the immediate context of our conversation, using our shared space to do so. Her husband's prediction that without the amputation she 'wouldn't have been here' (l.2) presents an unrealised outcome of her suffering. The word 'here' is part of the narrated world of their conversation, but also refers to the space and time 'here' of the telling; had she not had the

amputation, Claire would not have been 'here' with me in the interview, to share her story. The word encourages me to imagine her physical absence in the narrating moment, reminding me that the ulcer threatened her very presence in the world. Claire was not sitting in 'the' chair as we spoke (we were at her friend's home), but she was sitting in *a* chair. It was a large wingback armchair in a living room, in which it was easy to imagine the narrated events occurring. The first time she mentions the narrated chair, she gestures over her shoulder, apparently to the protruding wing of the chair in which she sat (l.5), making a muted repetition of the gesture when she mentions the chair again a moment later (l.6). These gestures again bring her narrative into the narrating space, as the here-and-now Claire sitting in her friend's chair offers an embodied illustration of the then-and-there Claire sitting in her own. It is an example – told through the narrator's body – of what Baynham (2009: 144) calls 'deictic orientation to the interactional moment', the presentation of the narrated moment as being 'just like' the moment of narrating. Claire's gesture, intentionally or not, invites me to see the narrated events occurring in a chair 'just like' the one in which she is sitting, perhaps in a room 'just like' the one in which *we* are sitting. For a moment, I became a witness as well as a listener to her story of illness, acutely aware of how small a living room can feel if one cannot leave it.

The operating theatre: Constructing agency and the recovering body

The amputation was the beginning of Claire's recovery from her illness, and her narratives presented her in control of that recovery, from suggesting the amputation in the first place, to fighting to convince her clinicians that it was her best chance of 'getting her life back'. The construction of the amputation as healing and of Claire as controlling that healing continued when she narrated the events of the amputation itself. The amputation narrative was part of a much longer response to the question, 'Would you mind going through [what led to the

amputation] with me?' Having described the difficulty of living with the ulcer, the dialogues with her doctors about whether it could be otherwise cured, and their eventual agreement to the amputation, she narrated the surgery. At her request, Claire was conscious during her amputation, anaesthetised from the waist down.

> So this blue *curtain* came up, *[moves hand to left]* and I was laying there listening to the classical music, and I started to *cry*. And [the anaesthetist] says, are you *alright*? And I says, yeah why? She says, you've got tears streaming. I says no it's a piece of music my *daughter* used to play in the orchestra. She says are you *sure*. I says *yeah*. And the next thing I saw was these (.) curtain move *away*, [*moves hand to right*] and this nurse walk *out* [*points away from body*] with a *bag [gestures as if holding an object]*. And I went '*Yes, got* rid of you. *Go*!' [*forceful waving away gesture*] (Interviewer: So the bag had the leg in it?) The leg in it. [*gestures at stump]* And it *went.* *[gestures away from self]*

The amputation is pivotal to Claire's recovery and this narrative reconstructs that healing severance, just as narratives of spinal cord injuries relive a destructive one: the 'split second of time in which the spinal cord was severed' (Seymour 2002: 138). As in the chair narrative, the narrative action is structured in space as well as time, as it follows the movement of the amputated leg away from the rest of Claire's body. The directionality of the verbs *go* and *went*, along with Claire's simultaneous gestures away from her (narrating) body (l.8, 9-10), encode movement away from the deictic centre of Claire's (narrated) body on the operating

table, until the leg leaves the narrated space of the operating theatre and becomes absent from Claire's story (l.9-10). This structure, along with grammatical and non-verbal narrative features, works to objectify the leg and distance Claire from it through the 'subject-creating capacities of spatial contrasts' (Slembrouck 2003: 459).

The leg's movement 'away' does not reflect a particular direction of travel or area within the narrating space, but indicates an imagined space (Haviland 2005), defined by its separateness from Claire. Merleau-Ponty suggests that the body's nature as 'self' is what distinguishes it from other objects: 'an object is an object only in so far as it can be moved away from me, and ultimately disappear from my field of vision' (2002: 103). As the leg moves away from the deictic centre of the narrative that is Claire, it becomes such an object, no longer part of Claire's subjectively experienced body-self. The objectification is enforced by the use of the impersonal pronoun to refer to the leg (l.9) (see Bell 2009: 114, Heavey 2015) and by Claire's mime of holding the separated object aloft (l.7). Moreover, her use of the second person address (l.8) *characterises* the departing leg, explicitly positioning it as an entity distinct from Claire herself: if the leg is 'you', it cannot be 'me' (that is, Claire). Together, the structure and positioning have the effect of constructing the amputation as curative. As part of Claire, the leg had been a force for pain, suffering, and near-obliteration of self; in departing, it loses the power to harm Claire and becomes inconsequential medical waste.

The narrative positions Claire as responsible for this shift. Hirschauer observes that in the operating theatre, '[t]he spatial distributions of the persons depends on the patient-body', as surgeons and nurses gather around that body until, upon completion of surgery, they retreat from it, withdrawing their own bodies and instruments (1991: 293-4). What Hirschauer calls the 'patient-self' is usually absent from the interaction, the patient objectified and reduced to

just the 'powerless patient-body'; thus, the patient is centred but passive in these spatial distributions (*ibid*: 289-91). Conversely, Claire guides the action in the narrated space of the operating theatre. While she did not carry out her own amputation (and the nurse would doubtless have left the theatre with the leg regardless of Claire's command), Claire's construction of her own forceful speech and gestures position her as taking an active part in the leg's departure: she said 'Go!' (l.8) 'And it went' (l.9), the one presented as a consequence of the other. She presents a patient-self who participates in – even directs – the spatial distributions of those present, and hence participates in her own healing. The leg is objectified; Claire is not. There are echoes of Bell's (2009: 104-10) participant Esther, who laughingly describes how she directed her own gynaecological examination in a room full of male clinicians, rejecting passivity and reclaiming the 'metaphorical space' of her vagina from medical colonization. Claire's narrative constructs a woman in control of her embodied destiny, figuratively and literally directing the events that led to her recovery even as she lies prone in the operating theatre. The statement 'Got rid of you!' (l.8) also reminds the audience of Claire's role in the events of her body biography as a whole. While she neither held the saw nor carried the bag, it was her repeated requests that brought about the amputation and enabled her, finally, to see that leg depart. In a very real sense, she participated in her treatment and 'got rid' of the leg herself.

Claire's use of the narrating space also has the interactional effect of justifying the amputation, by relating the narrated events to their embodied result. Most of her gestures represent past events and objects in the operating theatre (the moving curtain, the departing nurse, the leg itself); they invite me to see what Claire saw as she lay there and metaphorically position me in that narrated space. However, as she responds to my interjection ('So the bag had the leg in it?') with an affirmative repetition ('The leg in it'), she gestures towards her

stump (l.9). Rather than representing the narrated object (the bagged leg), that gesture draws my attention to the post-amputation body that I can see in the narrating space, specifically Claire's stump and the empty space where the leg once was. Mirroring her use of 'here' in the chair narrative ('wouldn't have been here'), the gesture relocates the discourse to the present time and place and repositions me from audience of the then-and-there story to interactant in the here-and-now telling. It vindicates her choice to have the amputation and her defiance of her doctors, by inviting me to acknowledge the tidy absence of the painful 'other' that was the leg, and the healed body of the woman before me.

The Giant's Causeway: The post-amputation body and the making of a post-illness identity

Where the ulcer had confined Claire to her home, the amputation enabled her to leave it, and re-engage in activities in the world. Once again, space was an important resource for her stories of this re-engagement, and for constructing Claire's embodied experience of recovery and her post-illness identity. In response to the question, 'What would you say your reaction to the [prosthetic] leg was?' Claire explained that there were activities she could do while wearing the limb (like walking), those she could do without it (like swimming), and those that she could not do at all (like cycling). She then told me the following story:

> I use the leg, and do what I want to do. We went to Ireland. And, one of the day trips out was to the Giant's Causeway *[gestures away from self]*. And, I was *in* the wheelchair, *with* my leg on. *[gestures down]* I said, I want to *walk* *[points away from self]* on the Giant's Causeway. To me it didn't matter if I'd only walked a foot. *[gestures about a foot away from chest]* So, I'd *walked* it, *[repeats gesture]* and one of the ladies on the coach when we

got back that night, she says, 'I sat on the chair watching you, thinking, that woman's got more courage than me,' she says, 'I would never have dreamt of walking on there.' She says, 'and I've got two legs.' I says, 'no, but in my mind, *[points at chest]* I wanted to *do* it.' *[points down]* And so, I'd done it. I'd always wanted to walk on the Giant's Causeway before, but I'd done it, with my leg, and I walked probably this distance. *[pointing back and forth to indicate length of room]* But, that was it. It gave me the freedom to do that. And so I thought well yeah. I probably haven't achieved like going a mile walk. I could never think of doing that. But if I can walk *that* far, *[pointing back and forth to indicate length of room]* I've *achieved* (1) *[gestures away from self and back]* something. And so I said to myself, well, you are better off now than you were, and you've moved on further than you- *[gestures away from self]* (2) I probably thought I was going to do. So, a lot of it is feeling content in myself. For the way I am. *[touches chest]* And for what I can achieve.

This story is the antithesis of the chair narrative, structured as it is around Claire's long-anticipated movement into a new space. Verbal and non-verbal deixis flow through the story, as Claire repeatedly tells and shows me the symbolic importance and the physical complexities of this journey.

Having made the day trip as part of a holiday to Ireland, the narrative follows her from her starting point in the wheelchair (l.3), wanting to walk on the Giant's Causeway (l.4-5), to making that walk (l.6), and finally returning to their lodgings with her fellow day-trippers (l.6-7). Claire emphasises the personal importance of the walk on the Giant's Causeway, twice

repeating the structure 'wanting to walk there' followed by 'walking there' (l.10-11, 11-12) and clarifying that she had 'always' held that desire. This illustrates her claim that the prosthetic leg enables her to do the things she 'want[s] to do' (l.1), and moreover presents the Giant's Causeway as a space 'invested with social meaning' (De Fina 2009: 126). A short walk in a politically charged space can be deeply meaningful (see Khalili 2015); equally, Claire's short walk in a country not far from home represents the careful and deliberate fulfilment of her own desires through her own agency and efforts.

As in migration narratives, Claire's movement into this new space represents – indeed, produces – a new self. Where her illness had enforced stillness, confinement, and monotony, her short walk from her wheelchair out onto the symbolic space of the Giant's Causeway represents her movement from the 'kingdom of the sick' to the 'kingdom of the well' (Sontag 1978), and more particularly from housebound invalid to agentive actor. Claire's identity shift – and her active role in making it – is underscored through the presence of the other woman on the day trip (l.6-9), whose inclusion in the story clarifies that the walk was neither easy nor a mandatory part of the trip undertaken by all of the day-trippers. Although the two women occupied the same narrated space, adjacent to the Giant's Causeway, *Claire* chose to rise from her wheelchair and walk it, while the 'two-legged' woman was too afraid, and remained 'sat on the chair watching' (l.7). Their differing self-locations position Claire as the intrepid adventurer to the other woman's timid observer, whose seated position ironically recalls Claire's previous confinement.

Claire's post-amputation narrative remains constrained by the limits of her own body; certain stories remain untellable, and the Giant's Causeway narrative is not a straightforward restitution narrative that constructs a restored body and a return to pre-illness selfhood (see

Smith and Sparkes 2008). Rather, it is a narrative about Claire's ability to take back control of an altered body and a disrupted life *within* her own embodied limits. She places her physical difference front and centre, reminding me that she arrived at the site in her wheelchair wearing a prosthetic leg (l.3), and later walked with that prosthetic leg (l.12). In the first instance, she gestures down (l.3), once more encouraging me to look to her amputated leg. In the context of the amputation narrative, a similar gesture showed the positive outcome of that surgery; in the context of this narrative, the gesture reminds me of the embodied limitations that surgery brought about in the events narrated.

Claire goes on to parse her achievement and her limitations in spatial increments, repeatedly using verbal and non-verbal deixis to specify the distances she did and did not walk. First, she acknowledges that walking even 'a foot' would be an achievement, illustrating the short distance with a repeated gesture (l.5, 6). She then specifies the distance she actually walked, implying a distance equivalent to the length of the room in which we sat (l.12-13), before tempering this with the equally specific observation that she has not walked a mile and 'could never think' of doing so (l.14-15). She finishes by using the spatial metaphor of 'moving on' to describe her post-amputation progress (l.18-20), and reminding me that her short walk, more than a foot but less than a mile, is indeed an achievement (l.16-17, 21). In E.M. Forster's classic science fiction work *The Machine Stops*, Kuno observes: ''Far' is a place to which I cannot get quickly on my feet… Man's feet are the measure for distance' (Forster 2011: 17). In Claire's story, her feet – one flesh, the other prosthetic – are the measure for distance. Her careful specification of the distances she *did* walk and *could never* walk invite an understanding of recovery within the embodied limitations set by those feet, as Claire redefines achievement and what it means to walk 'far' in the context of her own body.

Two gestures towards her chest (l.10, 20-21) work to underscore Claire's recontextualisation of achievement. In contrast to gestures that 'specify' body parts, pointing to one's chest can refer to the body-self as a whole (indeed, in the first instance Claire touches her chest as she refers to her mind). Charon (2006: 87) succinctly summarises: '"This," said as one firmly pounds one's chest with the flat of one's hands, "is me."' Claire's two gestures co-occur, respectively, with her modest acknowledgement of the other woman's praise in the narrated events, and with her own recognition of her achievements and 'the way I am' in the present moment. Watching these gestures in our shared space, I am reminded not to think about the walk in abstract terms, but to look to *Claire* – her body, and her story – to understand what she achieved on the Giant's Causeway. She makes further use of the narrating space to offer me some measure of embodied understanding of this achievement. When describing the precise distance she walked, Claire twice relates that distance to the room in which we both sit (l.12-13, 16), as opposed to describing it in the purely quantitative terms of 'a foot' or 'a mile'. I had walked across that stretch of floor less than an hour before, to take my seat and begin the interview, a walk that I neither noticed nor thought about again. In relating the space I walked to her own symbolically important and physically taxing walk, Claire offers me some insight into her (re)definition of achievement, into what 'far' means in the context of her body, and into her experience of recovery.

Conclusion

I have argued that, because the body is always located in space, illness and recovery are experienced spatially as well as temporally. In turn, narrated and narrating space are resources through which the 'wounded storyteller' (Frank 1995) constructs and communicates the self and the body. The narrative operations of space were demonstrated using three stories from Claire's body biography, which constructed her body in terms of its progression from

immobility to restored (but still limited) mobility, and constructed an identity shift from passivity to agency. The chair narrative constructed Claire's illness in terms of the restrictions it imposed upon her, presenting a body that was largely immobile and a self that was dependent on others. The operating theatre narrative presented a self in control of the medical space, directing the actors in it and taking an active role in her body's recovery. Finally, the Giant's Causeway narrative presented an agentive self who seized the new opportunities enabled by her post-amputation body, walking into a space where others feared to tread. The paper offers new ways of thinking about illness and recovery, and new means of analysing illness narratives.

While the body is always located in space, the embodied experience of space could be said to 'dys-appear' – that is, return to one's immediate attention in a 'dys' state (Leder 1990: 84) – when it is disrupted by illness or other bodily crises. The routines of illness may restrict a person to particular spaces, and impairment may limit movement within them. Analysing illness narratives through the lens of space allows the analyst to retain a close focus on the centrality of the narrator's body to her experiences and storytelling performance, without objectifying it or reducing it to abstract or binary categories. Using space as a narrative resource, the narrator may finely parse her experiences in terms of embodied limitations and achievements. Intersecting with this nuanced quantification of impairment, the narrator's use of space can also relate her embodied experiences to others', as she positions herself in relation to those who move in and out of the narrated space and in relation to those who share her narrating space. In this sense, space as a resource in an illness narrative enables the simultaneous construction of the body and self as individualised, in terms of one's own abilities, limitations, desires, actions, and so on, and as collective or relative. Indeed, 'shrinking down' the analysis of space as a narrative resource so that the materiality of the

body(ies) in space is kept in view could be readily extended to other areas of embodied sociology; space as a narrative resource might be analysed in stories of, for example, sexual relationships, sport, and violence.

Methodologically, this paper presented two ways in which space is used as a narrative resource, which have additional implications for the analysis of illness narratives. First, illness stories can be *structured* in spatial terms. The analysis of spatial structuring in illness narratives is not presented as preferential to the analysis of temporal structuring; rather, it is offered as an additional lens through which to see such stories. Indeed, while I prioritised a focus on Claire's use of space over a focus on time in this paper, I also demonstrated how narrative time and space work together, as when the monotony of restricted space and the monotony of cyclical time enforce one another. Such interactions between space and time in illness narratives bear further research alongside the exploration of space as a specific structuring device. Second, space is used in the *positioning* of the narrated characters, and the positioning of the narrator and audience. This invites a consideration of Bamberg's (1997) positioning theory that keeps the body more firmly in focus: where are narrated and narrating bodies positioned in relation to one another, and how do they make use of these spaces?

An analytical focus on the narrating space has implications for the collection of narrative data, extending the case for addressing visual elements *as* narrative data, and for video-recording illness narratives when possible and appropriate. Visual narratives incorporating film and photographs are receiving increasing attention among sociologists and narrativists, as they both 'capture' and complicate the lived body that is so central to illness narratives (e.g. Bates 2013, Bell 2013). Hydén (2013: 139) draws our attention to the ways in which 'the body and its parts are used as communicative instruments' in storytelling, as the narrator's body and

words work in tandem. While storytellers may draw on shared knowledge to communicate their experiences to an audience, the narrating space is something that narrator and audience *immediately* share, making it a particularly valuable narrative resource. I showed how Claire's non-verbal behaviours exploited the narrating space to relate the then-and-there to the here-and-now, and her experiences to mine. This analysis makes the case for addressing spatialized storytelling in illness narratives; that is, attending to the highly specific functions of inter-bodily spaces, in addition to the basic – though also essential – effects of paralinguistic elements.

While it was beyond the scope of this paper, the uses of space in narrative positioning might be expanded beyond the narrated characters and the narrator-audience relationship, to the storyteller's broader identity claims relating to 'existing moral orders' and discourses (Bamberg 1997: 339). For instance, Claire's body biography presents the amputation as hard-won against the advice of her clinicians, based on her embodied knowledge that it was the best choice for her. In this sense, it adds to the growing chorus of women's voices that have challenged traditional discourses about infallible doctors committing acts of medical heroism (see Bell 2009). Within this larger story of embodied health movements, the operating theatre narrative and others like it represent an embodied defiance of the expected chronotopic identity of 'docile patient in theatre', reconfiguring the clinician-patient relationship within the (literal) clinical space. Equally, as the Giant's Causeway narrative positions Claire in relation to the two-legged woman, it may be understood as negotiating the concept of disability, or even the concept of two-leggedness (see Heavey 2017). The analysis of space in narratives of illness and other embodied experiences should be further pursued to address such exciting challenges to normative discourses.

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